



# 1<sup>ST</sup> ANNUAL KENTUCKY STATE PARKS RACE SERIES

A SERIES OF 5K & 10K RACES



## 2005 SCHEDULE

March 5 • April 2 • May 28  
June 18 • July 30



## 2005 Kentucky State Parks Race Series

Runners are invited to compete in a unique series of 5k and 10k runs featured at five Kentucky State Parks. Take this opportunity to participate in challenging courses with various park terrains. We encourage runners to participate in the entire series of races.

Begin the series March 5th at E.P. "Tom" Sawyer State Park in Louisville. Continue the race series at the parks listed below.

E.P. "Tom" Sawyer State Park  
Dale Hollow Lake State Resort Park  
Barren River Lake State Resort Park  
Taylorsville Lake State Park  
Rough River Dam State Resort Park

Bring your whole family and visit our beautiful state parks.

### Awards & Prizes

Awards for each race include an overall male and female winner, and 1st, 2nd and 3rd place winners of each age division, male and female. Registration fees for each race include t-shirts and awards.

Points are awarded for each of the races and combined for a cumulative score. Grand Prize winners will be named during an award ceremony at Rough River Dam State Resort Park in Falls of Rough.

The Grand Prize is awarded to the male and female accumulating the most points upon completion of the series. First runner up, and second runner up for both male and female categories will receive awards as well. Anyone who participates in the entire series of 5k and 10k runs will receive a certificate of recognition and will be registered for a special giveaway.

## The Point System

Points are awarded for each of the runs and combined for a cumulative score. Points are awarded for both male and female participants as follows.

5 points: Overall winner  
4 points: 1st place (each age group)  
3 points: 2nd place (each age group)  
2 points: 3rd place (each age group)  
1 point: Participants completing race

Age divisions recognized in the series:

Women	Men
15 & under	15 & under
16-19	16-19
20-24	20-24
25-29	25-29
30-34	30-34
35-39	35-39
40-44	40-44
45-49	45-49
50-54	50-54
55-59	55-59
60-64	60-64
65 & over	65 & over

Be sure to complete and mail the preregistration forms for the Kentucky State Parks Race Series today!



### March 5, 2005

Irish Classic 10k  
E.P. "Tom" Sawyer State Park  
\$15 Preregistration fee  
Contact: Gary Parsons 502-426-8950  
garym.parsons@ky.gov

### April 2, 2005

Spring Classic 5k  
Dale Hollow Lake State Resort Park  
\$12 Preregistration fee  
Contact: Lisa Deavers 270-433-7431  
lisa.deavers@ky.gov

### May 28, 2005

Barren River 5k Classic  
Barren River Lake State Resort Park  
\$12 Preregistration fee  
Contact: Kim Potts 270-646-2151  
kim.potts@ky.gov

### June 18, 2005

Possum Ridge 5k  
Taylorsville Lake State Park  
\$15 Preregistration fee  
Contact: Brian Pharis 502-477-8713  
brian.pharis@ky.gov

### July 30, 2005

Magnolia 5k  
Rough River Dam State Resort Park  
\$12 Preregistration fee  
Contact: Shawn Pickens 270-257-2311  
shawn.pickens@ky.gov

**For information on the entire  
Kentucky State Parks Race Series,  
contact Chris Head at 502-564-4940 ext. 247  
or chris.head@ky.gov.**

# IRISH CLASSIC 10K

E.P. "TOM" SAWYER STATE PARK  
MARCH 5, 2005

\$15

PREREGISTRATION FEE. PREREGISTER BY FEBRUARY 18, 2005.

NAME

ADDRESS

CITY

STATE ZIP S M L XL  
T-SHIRT SIZE

PHONE SEX AGE (DAY OF RACE)

EMAIL ADDRESS

\$20

FEBRUARY 19 — DAY OF RACE

RACE BEGINS AT 9:00AM EST

Mail completed form with payment to:

Gary M. Parsons, E.P. "Tom" Sawyer State Park, 3000 Freys Hill Road, Louisville, KY 40241-2172

**Release of Responsibility:** In consideration of my being accepted in the "Irish Classic" 10k race, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely E.P. "Tom" Sawyer State Park and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the "Irish Classic" 10k race on Saturday, March 5th, 2005 at the park. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE DATE

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE DATE

# SPRING 5K CLASSIC

DALE HOLLOW LAKE STATE RESORT PARK  
APRIL 2, 2005

\$12

PREREGISTRATION FEE. PREREGISTER BY APRIL 1, 2005.

NAME

ADDRESS

CITY

STATE ZIP S M L XL  
T-SHIRT SIZE

PHONE SEX AGE (DAY OF RACE)

EMAIL ADDRESS

\$18

DAY OF RACE

RACE BEGINS AT 9:00AM CST

Mail completed form with payment to:

Lisa Deavers, Dale Hollow Lake State Resort Park, 6371 State Park Road, Burkesville, KY 42717-9728

**Release of Responsibility:** In consideration of my being accepted in the Spring 5k Classic, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely Dale Hollow Lake State Resort Park and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Spring 5k Classic on Saturday, April 2nd, 2005 at the park. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE DATE

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE DATE

# BARREN RIVER 5K CLASSIC

BARREN RIVER LAKE STATE RESORT PARK  
MAY 28, 2005

\$12

PREREGISTRATION FEE. PREREGISTER BY MAY 27, 2005.

NAME

ADDRESS

CITY

STATE ZIP S M L XL  
T-SHIRT SIZE

PHONE SEX AGE (DAY OF RACE)

EMAIL ADDRESS

\$15

DAY OF RACE

RACE BEGINS AT 8:30AM CST

Mail completed form with payment to:

Kim Potts, Barren River Lake State Resort Park, 1149 State Park Road, Lucas, KY 42156-9709

**Release of Responsibility:** In consideration of my being accepted in the Barren River 5k Classic, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely Barren River Lake State Resort Park and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Barren River 5k Classic on Saturday, May 28th, 2005 at the park. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE DATE

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE DATE

# POSSUM RIDGE 5K

TAYLORSVILLE LAKE STATE PARK  
JUNE 18, 2005

**\$15**

PREREGISTRATION FEE. PREREGISTER BY JUNE 17, 2005.

NAME

ADDRESS

CITY

STATE

ZIP

S M L XL  
T-SHIRT SIZE

PHONE

SEX

AGE (DAY OF RACE)

EMAIL ADDRESS

**\$18**

DAY OF RACE

**RACE BEGINS AT 10:00AM EST**

Mail completed form with payment to: Possum Ridge 5k, Taylorsville Lake State Park,  
PO Box 205, Taylorsville, KY 40071-0205

**Release of Responsibility:** In consideration of my being accepted in the Possum Ridge 5k, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely Taylorsville Lake State Park and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Possum Ridge 5k race on Saturday, June 18th, 2005 at the park. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# MAGNOLIA 5K

ROUGH RIVER DAM STATE RESORT PARK  
JULY 30, 2005

**\$12**

PREREGISTRATION FEE. PREREGISTER BY JULY 29, 2005.

NAME

ADDRESS

CITY

STATE

ZIP

S M L XL  
T-SHIRT SIZE

PHONE

SEX

AGE (DAY OF RACE)

EMAIL ADDRESS

**\$15**

DAY OF RACE

**RACE BEGINS AT 9:00AM CST**

Mail completed form with payment to:  
Shawn Pickens, Rough River Dam State Resort Park, 450 Lodge Road, Falls of Rough, KY 40119-6100

**Release of Responsibility:** In consideration of my being accepted in the Magnolia 5k, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely Rough River Dam State Resort Park and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Magnolia 5k race on Saturday, July 30, 2005 at the park. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# KENTUCKY STATE PARKS

## RACE SERIES

ALL PARKS

**\$59**

PREREGISTRATION FEE. PREREGISTER BY MARCH 5, 2005.

NAME

ADDRESS

CITY

STATE

ZIP

S M L XL  
T-SHIRT SIZE

PHONE

SEX

AGE (DAY OF RACE)

EMAIL ADDRESS



Mail completed form with payment to: Kentucky State Parks Race Series,  
500 Mero Street, 11th Floor, Capital Plaza Tower, Frankfort, KY 40601-1974

**Release of Responsibility:** In consideration of my being accepted in the Kentucky State Parks Race Series, I intend to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and release forever any and all rights and claims for damages I may receive against all persons and agencies, namely Kentucky State Parks and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Kentucky State Parks Race Series on March 5th, April 2nd, May 28th, June 18th and July 30th, 2005 at the parks. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF UNDER EIGHTEEN (18) YEARS OF AGE, PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_